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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration
Submitted
With Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)Attorney Docket
Number

348-076

First Named Inventor

FRYKLUND, LINDA ET AL.

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

A METHODOLOGY OF ESTIMATING THE CONFORMATION OF A PROTEIN BY
PROTEOLYSIS

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

11/04/2003

as United States Application Number or PCT International

Application Number

PCT/GB2003/004740

and was amended on (MM/DD/YYYY)

01/10/2005

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|--|---------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | | | | YES | NO |
| 0226441.4 | GB | 11/12/2002 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PCT/GB02/005112 | GB | 11/12/2002 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 0308242.7 | GB | 04/10/2003 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 0308238.5 | GB | 04/10/2003 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.


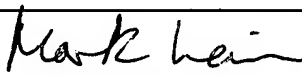
[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance completing the form, call 1-800-PTO-9199 and select option 2.

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DECLARATION — Utility or Design Patent Application

| | | | | |
|---|--|---|--------------------------|---|
| Direct all correspondence to: | <input checked="" type="checkbox"/> The address associated with Customer Number: | 001009 | OR | <input type="checkbox"/> Correspondence address below |
| Name | | | | |
| Address | | | | |
| City | | State | | ZIP |
| Country | Telephone | | Fax | |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | | |
| NAME OF SOLE OR FIRST INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name (first and middle [if any]) | | Family Name or Surname | | |
| LINDA | | FRYKLUND | | |
| Inventor's Signature  | | | Date | |
| | | | 30 June 2005 | |
| Residence: City | State | Country | Citizenship | |
| STOCKHOLM | | Sweden SWITZERLAND | SWISS BRITISH | |
| Mailing Address PHARMACIA AB, LINDHAGENSGATAN 100, S-112 87 | | | | |
| City | State | Zip | Country | |
| STOCKHOLM | | S-112 87 | SWITZERLAND | |
| NAME OF SECOND INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name (first and middle [if any]) | | Family Name or Surname | | |
| MARK | | LEWIS | | |
| Inventor's Signature  | | | Date | |
| | | | 12-7-05 | |
| Residence: City | State | Country | Citizenship | |
| CARDIFF | | GREAT BRITAIN | GB | |
| Mailing Address UNIV. OF WALES COLLEGE OF MEDICINE, INSTITUTE OF MEDICAL GENETICS, HEATH PARK | | | | |
| City | State | Zip | Country | |
| CARDIFF | | CF 14 4XN | GREAT BRITAIN | |
| <input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto. | | | | |

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental SheetPage 3 of 3

| | | | |
|--|-------|---|--------------------------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| DAVID | | COOPER | |
| Inventor's Signature <i>David Cooper</i> | | Date <i>27/6/0</i> | |
| CARDIFF Residence: City | State | GREAT BRITAIN Country | GB Citizenship |
| UNIVERSITY OF WALES COLLEGE OF MEDICINE, INSTITUTE OF MEDICAL GENETICS, HEATH PARK | | | |
| Mailing Address | | | |
| CARDIFF City | State | CF 14 4XN Zip | GREAT BRITAIN Country |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| | | | |
| Inventor's Signature | | Date | |
| Residence: City | State | Country | Citizenship |
| Mailing Address | | | |
| City | State | Zip | Country |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| | | | |
| Inventor's Signature | | Date | |
| Residence: City | State | Country | Citizenship |
| Mailing Address | | | |
| City | State | Zip | Country |

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